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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Alla Jurievna Krylova et al. U.S. Serial No. 09/653,719 Filed: September 1, 2000

For: FISCHER-TROPSCH CATALYST

ENHANCEMENT

Commissioner for Patents Washington, DC 20231

Sir:

) Before the Examiner
) Cam N. Nguyen
) Confirmation No. 6607
) Group Art Unit: 1754

Family Number: P2000J080

#8/1B 6/10/3

STATUS INQUIRY

More than 2 months have passed since the filing of this application on October 31, 2002. No communication has been received from the Patent Office indicating action on this application.

Kindly advise the undersigned of the present status of this application.

Respectfully submitted,

Estelle C. Bakun

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ECB:sbf January 14, 2003

Susan Fleming

Signature

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Date of Signature



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PATENT TRADEMARK OFFICE

"PATENT ENDMERS: TRANSMITTAL FORM In re application of: Alla Jurievna Krylova et al. Before the Examiner U. S. Serial No.: 09/653,719 Cam N. Nguyen Filed: September 1, 2000 Confirmation Number: 6607 For: FISCHER-TROPSCH CATALYST ENHANCEMENT Group Art Unit: 1754 Family Number: P2000J080 **COMMISSIONER FOR PATENTS** Washington, D.C. 20231 Sir: X The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231, on January 16, 2003. Transmittal herewith is an amendment/response in the above-identified application. Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$_ to extend the time for filing this response until The fee for any changes in number of claims has been calculated as shown below. CLAIMS AS AMENDED (1) (2) (3) (4)(5) (6)(7)Claims Remaining Highest Number Present After Amendment Previously Paid For Extra Rate Total Claims Minus x 18.00 Indep. Claims Minus x 84.00 MULTIPLE DEPENDENT CLAIM FEE \$280.00 FEE FOR CLAIM CHANGES * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. ** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The total fee for this STATUS INQUIRY, including claim changes and any extension of time is calculated to be X Charge To Deposit Account No. 05-1330. X The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit-Account No. 05-1330. A duplicate copy of this Form is enclosed. Date of Signature

Post Office Address: [to which correspondence is to be sent]

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Pursuant to 37 FR 1.34(a)